

UTAH DEPARTMENT OF AGRICULTURE & FOOD
FISH HEALTH PROGRAM

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APPLICATION FOR WARM WATER CRUSTACEAN
FISH HEALTH APPROVAL (NATIONAL & INTERNATIONAL)
(Not for brine shrimp or crustacean cysts)

The purpose of this form is to determine if testing and disease history information is adequate for the species you propose to ship into Utah. In addition, the information will be used to assess the risk to Utah's commercial fish industry and native fishes. Please fill out the form as completely as possible, and then send it to the above address.

NAME:

ADDRESS:

PHONE:

SPECIES TO BE APPROVED:

Do you rear fish at your facility or act as a broker?

Have you reared or brokered any species of salmonid (eggs or fish) on your facility within the last five years? Yes ___ No ___ If yes, explain and attach fish health inspection record for the salmonids.

Have the species to be approved been reared at any time in waters containing salmonids or cyprinids? Yes ___ No ___ If yes, explain and indicate species.

Are the species to be approved in waters contaminated with any of the following problem pathogens? Yes ___ No ___ If yes, specify. IHNV, IPNV, VHSV, OMV, PKX, MC, RS, CS, BA; WSSV, YHV, TSV, BMN, MBV, BP, IHHN, HPV, NHP; GAV, MMV, IMN, MHPV (*see attached pathogen list for descriptions*).

Indicate names of fish and crustacean pathogens endemic to the waters of the facility to be approved

Is the species you wish to be approved living in waters with fish positive for the Asian tapeworm (BA) (*host list attached*)? Yes ___ No ___ If yes, explain

Indicate species of fish, aquatic vertebrates, plants, and crustaceans living in the water source and/or in the water containing the species to be approved.

Indicate aquatic nuisance species (plants, animals) endemic to your waters (*nuisance species list attached*) : (If unknown, please so indicate)

Indicate all species cultured for the past 5 years in the waters presently containing the species to be approved.

Indicate source of water used for the species to be approved: Closed spring ___ Well ___ Open spring containing fish (indicate species)
_____ Other

What is the origin and transfer history of the species to be approved (include all previous and current growers you have purchased from)? When were these animals last received? How frequently are these aquatic animals received?

Specify nature and cause of mortalities at your facility for the previous year (cause, percent and numbers lost, date, source, etc.)

Describe losses in transit to your facility for the last year (cause, percent and numbers lost, date, source, etc.)

Are you currently undergoing any type of aquatic animal losses at your facility? Yes ___ No ___ If yes, explain.

Regional fish pathologist/health inspectors involved with testing aquatic animals imported or reared by you:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Steps to qualify for importation Approval:

1. Complete this form and submit it to Utah Dept of Agriculture and Food (UDAF).
2. International shipments:
 - A. Contact a veterinarian in the country where the species to be approved originates. The veterinarian should be a government official who has knowledge of the facility and can prepare a certificate of veterinary inspection. Have the veterinarian prepare an official certificate of veterinary inspection and fax it to UDAF (801-538-4949). The certificate shall include:
 - (a) Species/strain of animal to be imported;
 - (b) Weight of shipment;
 - (c) Method of shipment and packaging;
 - (d) Name and location of owner where animals are housed;
 - (e) A statement concerning:
 - (1) The presence or absence of diseases or pathogens affecting the species and/or at the facility housing the species to include pathogens known to infect the species at both the source and in the country of origin;
 - (2) Detrimental chemicals, irradiation, etc. at the source;
 - (3) Nuisance plant and animal species in the source waters (*a list of known nuisance species is attached*);
 - (f) History of inspection and test results for the previous 5 years or a statement of unavailability of the same;
 - B. Testing: Testing of the aquatic animals cultured or present at the facility and/or species to be approved may be required as part of the approval process. The nature of the testing would depend on the history of diseases at the facility as completed in this application; it would also depend on the species to be approved, and the aquatic animals present or cultured at the facility. In the event that testing is required, UDAF will specify the pathogens and tests needed and recommend a qualified laboratory. If the animals to be approved are susceptible to or in an area endemic to the pathogens in the *bold print* on page one of this document, test results may be required before an entry permit is issued. Findings of any pathogen may result in denial of fish health approval. Costs for testing are the responsibility of the applicant.
 - C. When UDAF receives the certificate of veterinary inspection and the information requested above and determines it is satisfactory, then UDAF issues an official entry permit by fax or mail to the applicant. Upon receipt of the entry permit, importation may commence. An entry permit is required for each shipment. Presently there is no charge for this service.
3. National shipments:
 - A. Attach results of diagnostic work (following or during mortalities) and health inspections during the immediate past 5 year period on all stocks reared at the source facility and at sites of origin for each stock. If unavailable, please state this.
 - B. Testing: see 2B, above.
 - C. If your site facility is approved, UDAF will enter the name of the facility on an approved list sheet. You may then contact UDAF for an entry permit. An entry permit is required for each shipment. There is currently no charge for this service. In addition, a current Health Statement is required with each shipment of animals as part of the Entry Permit. This Health Statement shall be signed by an authorized fish pathologist, fish health inspector or individual approved by the Utah Dept Agriculture & Food and shall include a statement certifying that the aquatic animals at your facility are healthy at the time of shipment and have been healthy for the past 45 days.

CERTIFICATION

I certify the information submitted in this application is complete and accurate to the best of my knowledge and belief. I understand any false statement herein may result in the denial or revocation of this application. I understand that overt disease need not be present to disqualify.

Signature _____ Date _____